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| Fil | I in this informa | ation to identify y | our case: | | | | | ÷ |
|-----------|---|--|---------------------------|--|---|-----------------------------|---|--|
| De | btor 1 | Michael Cole | | | | Check if this is: | | |
| | | | | *** | | | An amended filing | |
| | ebtor 2 couse, if filing) | Chelon Phil | lips-Cole | | | | A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| Un | ited States Bank | ruptcy Court for the | e: EASTE | RN DISTRICT OF PENNS | SYLVANIA | - | MM / DD / YYYY | <u></u> |
| 1 | se number 10 known) | 6-13268 | | | | | | |
| 0 | official Fo | rm 106J | | | | | | |
| S | chedule | J: Your | Exper | nses | | | | 12/ |
| Be inf | as complete ormation. If m | and accurate a | s possible eeded, atta | . If two married people and the control of the cont | e filing together, bot form. On the top of a | h are equa | ally responsible fo nal pages, write y | r gumphilme a general |
| | | ribe Your Hous | ehold | | i | | | |
| 1. | ls this a joir | | | | 1 | | | |
| | □ No. Go to | | | | | | | |
| | | | in a separ | ate household? | | | | • |
| | ■ N □ Y | | ıst file Offic | ial Form 106J-2, <i>Expens</i> es | for Separate Househ | old of Debt | or 2. | |
| 2. | | e dependents? | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 2 | } | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | Son | | 6 | Yes |
| | | | | | Daughtor | | | □ No |
| | | | | | Daughter | | 11 | ■ Yes |
| | | | | N. | Son | | 11 | □ No ■ Yes |
| | | | | | | | | □ No |
| _ | _ | | | | Daughter | | 16 | Yes |
| 3. | | enses include people other t | han | No | | | | |
| | yourself and | l your depende | nts? | Yes | | | | |
| Est | imate your ex | ate Your Ongoi penses as of you date after the | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | ou are using this for lemental Schedule J | n as a sup check the | plement in a Chap box at the top of | oter 13 case to report the form and fill in the |
| tne | lude expenses value of such ficial Form 106 | assistance an | non-cash g d have inc | government assistance if luded it on Schedule I: Y | you know our income | - 59 ar 1944 h 114 25 | Yourexpe | nses. |
| 4. | The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. | | | | | 4. \$ | | 1,108.00 |
| | If not include | ed in line 4: | | | | | | ` |
| | 4a. Real es | state taxes | | | | An o | | |
| | | ty, homeowner's | s, or renter' | s insurance | | 4a. \$ 4b. \$ | | 0.00 0.00 |
| | 4c. Home | maintenance, re | pair, and u | pkeep expenses | | 4c. \$ | | 50.00 |
| | | wner's associat | | | | 4d. \$ | | 0.00 |
| 5. | Additional m | ortgage payme | ents for yo | ur residence , such as hon | ne equity loans | 5. \$ | | 0.00 |

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| | otor 1 | Michael Cole | | | | | | | |
|-----|---|--|---------------------------|-----------------|---|--|--|--|--|
| Det | otor 2 | Chelon Phillips-Cole | Case nur | nber (if known) | 16-13268 | | | | |
| e | £ 142124 | | | | | | | | |
| 6. | Utilit 6a. | ies: Electricity, heat, natural gas | _ | _ | | | | | |
| | 6b. | Water, sewer, garbage collection | | . \$ | 300.00 | | | | |
| | 6c. | Telephone, cell phone, Internet, satellite, and cable services | | . \$ | 100.00 | | | | |
| | 6d. | Other. Specify: | | . \$ | 465.00 | | | | |
| 7. | | l and housekeeping supplies | 6d | * | 0.00 | | | | |
| 8. | | dcare and children's education costs | 7. | | 1,325.00 | | | | |
| 9. | | ning, laundry, and dry cleaning | 8. | | 0.00 | | | | |
| | | onal care products and services | 9. | · | 300.00 | | | | |
| 11. | | cal and dental expenses | 10. | ' | 150.00 | | | | |
| | | sportation. Include gas, maintenance, bus or train fare. | 11. | \$ | 200.00 | | | | |
| 12, | Do no | of include car payments. | 12 | \$ | 240.00 | | | | |
| 13. | Enter | rtainment, clubs, recreation, newspapers, magazines, and books | | \$ | | | | | |
| 14. | Char | itable contributions and religious donations | | s —— | 200.00 | | | | |
| | Insur | | 14. | . Ф <u> </u> | 100.00 | | | | |
| | | ot include insurance deducted from your pay or included in lines 4 or 20. | | | | | | | |
| | 15a. | Life insurance | 15a. | \$ | 110.38 | | | | |
| | 15b. | Health insurance | 15b. | · | 0.00 | | | | |
| | | Vehicle insurance | 15c. | | 270.00 | | | | |
| | 15d. | Other insurance. Specify: | 15d. | | 0.00 | | | | |
| 16. | Taxes | s. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | 0.00 | | | | |
| | Speci | ify: | 16. | \$ | 0.00 | | | | |
| 17. | Insta | Ilment or lease payments: | | | 0.00 | | | | |
| | | Car payments for Vehicle 1 | 17a. | • | 360.00 | | | | |
| | | Car payments for Vehicle 2 | 17b. | \$ | 0.00 | | | | |
| | | Other. Specify: | 17c. | \$ | 0.00 | | | | |
| | | Other. Specify: | 17d. | \$ | 0.00 | | | | |
| 18. | Your | payments of alimony, maintenance, and support that you did not report as | | | | | | | |
| 10 | Other | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I). r payments you make to support others who do not live with you. | 18. | | 0.00 | | | | |
| | Speci | | | \$ | 0.00 | | | | |
| 20. | | real property expenses not included in lines 4 or 5 of this form or on Scheo | 19. | | | | | | |
| | 20a. | Mortgages on other property | <i>auie i: Yo</i> 20a. | our income. | | | | | |
| | | Real estate taxes | 20a. 20b. | · | 0.00 | | | | |
| | | Property, homeowner's, or renter's insurance | 200. 20c. | • | 0.00 | | | | |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d. | | 0.00 | | | | |
| | 20e. | Homeowner's association or condominium dues | 20a. 20e. | | 0.00 | | | | |
| 21. | | : Specify: | | +\$ | 0.00 | | | | |
| | | | | тф | 0.00 | | | | |
| 22. | Calcu | late your monthly expenses | | | | | | | |
| | | Add lines 4 through 21. | | \$ | 5,278.38 | | | | |
| | | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | , | | | | |
| | 22c. A | dd line 22a and 22b. The result is your monthly expenses. | | \$ | 5,278.38 | | | | |
| 23 | Calcu | late your monthly net income. | | | 0,270.00 | | | | |
| _0. | 232 | Copy line 12 (your combined monthly income) from Schedule I. | | • | | | | | |
| | 23h | Copy your monthly expenses from line 22c above. | 23a. | · | 5,579.65 | | | | |
| | . | Sopy your monthly expenses from the ZZC above. | 23b. | -\$ | 5,278.38 | | | | |
| | 23c. | Subtract your monthly expenses from your monthly income. | | | | | | | |
| | _00. | The result is your monthly net income. | 23c. | \$ | 301.27 | | | | |
| | | | | | 501,27 | | | | |
| 24. | Do yo | u expect an increase or decrease in your expenses within the year after you | ı file this | form? | | | | | |
| | For example, do you expect to finish paying for your car ioan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | | | | | | | |
| | | ation to the terms of your mortgage? | | | | | | | |
| | ■ No. | | | | | | | | |
| | 78 | r folgo defe: . | | | | | | | |